

# Medical Screening & Medical Assessment

**May 19, 2014**

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# Purpose of Medical Screening

- To make sure the individual is not experiencing a serious medical event that is
  - masquerading as a psychiatric disorder, or
  - being concealed by a psychiatric disorder
- and
- that the receiving facility can provide the medical care the individual needs.

# Medical Capability of Psych Units is Limited

- Psychiatric hospitals and units typically have fewer medical and medical nursing resources than hospital medical and surgical units.
- Units that are part of general hospitals have more immediate access to emergency medical care, STAT labs and other tests but typically no more capacity to provide more intensive medical treatment.

# Every Case is Unique

- Given the complexity of both human illness and health care systems, it is frequently difficult to provide absolute exclusion criteria.
- As such, each case is reviewed with consideration of the individuals needs, the resources of the accepting facility and the resources of the local medical community.

# Intended Use of This Guidance

- To be used by state and private psychiatric facilities, hospital EDs, CSBs and others involved in the emergency disposition of persons with psychiatric disorders....
  - To support common understanding of medical screening and assessment,
  - To delineate responsibilities and expectations for key partners,
  - To support consistent application of procedures.
- Applies only to the components of the process that occur prior to admission to a psychiatric inpatient hospital or unit.

# Purpose of Medical Screening and Medical Assessment

- The primary purpose is safety, i.e., to prevent someone with an illness or medical condition from being sent to a treatment facility that cannot adequately manage the person's illness or condition.
- Failure to adequately detect, diagnose, and treat medical conditions may result in significant and unnecessary morbidity and mortality, the advance of certain illnesses, and increased liability.

# Medical Screening and Medical Assessment Domains

- Comprehensive medical screening and medical assessment involves collecting information in four domains:
  - The individual's history,
  - Mental status exam,
  - Physical exam (including neurological exam, if clinically indicated), and
  - Lab and other diagnostic testing, radiological studies (if clinically indicated).

# Medical Screening Steps

Medical screening occurs in conjunction with a complete MSE and follows these steps (not necessarily in this order):

- 1) Screener obtains information about past medical illnesses, treatment, medications, SUDs etc.
- 2) Screener obtains information about:
  - a) presently diagnosed medical illnesses (including in particular such diagnoses as stroke, diabetes, cardiac disorders including hypertension, seizure disorders),
  - b) medical,



# Medical Screening Steps (cont.)

- c) current psychoactive and other medications used, and
- d) recent or current substance use or dependence, intoxication and/or substance withdrawal.

## 3) The screener observes:

- a) the person's overall physical condition and behaviors, and
- b) any signs and symptoms of delirium or substance use or withdrawal.

## 4) The screener, to the extent he or she is trained, capable and responsible for doing so, obtains basic vital signs.

# Medical Screening Steps (cont.)

- 5) The screener reviews or obtains information from outside sources to complete the screening.
- 6) The screener contacts the receiving facility and reviews the screening results and findings from steps 1-4 above with the admitting physician on duty or his designee.
  - If admitting physician determines that further medical assessment is indicated, then this is communicated to the sending facility,
  - sending facility refers the individual to a physician or practitioner qualified to perform the further *medical assessment*.

# Who Performs Medical Screening?

- Medical screening may be performed by physician, non-physician clinical personnel qualified and authorized to perform medical screening, or appropriately trained CSB staff.
- If medical screening has been performed by persons other than CSB staff, then CSB emergency services staff should confirm the completeness of the information, gather any necessary updates, and communicate this medical screening information to the receiving inpatient psychiatric facility.

# Additional Points

- If not in a hospital ED, inpatient or nursing facility when psych hospitalization is sought, then CSB ES staff should complete as much medical screening as possible given the specific qualifications of the CSB evaluator who is conducting the examination and other relevant considerations.
- CSB staff should collect information as possible from all available sources.
- The responsibility of CSB emergency service staff is to ***gather and report*** medical info, not to *evaluate* and *interpret* this information.

# Medical Assessment

- Always performed by a licensed medical practitioner.
- If further *medical assessment* is indicated then, the following steps are completed by a physician or by practitioner to the extent he/she is qualified to do so (the clinician),
- The clinician,
  1. Obtains medical history;
  2. performs general physical exam, including MSE and neurologic;

# Medical Assessment (cont.)

3. obtains appropriate lab and diagnostic tests;
4. consults with pertinent on-call physicians, psychiatrists, and/or other providers; and
5. re-assesses the individual prior to discharge or transfer if necessary.

# Sources of Information for Medical Screening and Medical Assessment

Providers performing medical screening and medical assessment should gather medical information about a person from all available, appropriate, and relevant sources, including

- The individual;
- The individual's family, friends and others;
- CSB staff and other care providers;
- CSB and other care provider records;
- Law enforcement officers who may be involved.

- When a person is in a hospital ED, EMTALA regulations will apply. Timely and effective communication among all parties is essential.
- Key elements:
  - Communication should start immediately.,
  - Communication should be as direct as possible between key persons,
  - The need for additional tests and/or lab work should be decided through communication on a case-specific basis,



# Communicating Medical Screening & Assessment Information

- Communication should be person-specific and detailed.

## Special Note:

- Facilities should use caution with the term “medical clearance”, as this phrase does not describe the person’s actual condition.

# Resolution of Disagreements, Clarifications, etc.

- Decision to admit is based on several factors:
  - Need for the services;
  - The individual's current status;
  - The expected course of treatment;
  - The level of medical/surgical need; and
  - The capacity of the hospital to meet need.
- Sending and receiving facilities may not always agree on medical risk or action to be taken.

# Resolution of Disagreements, Clarifications, etc.

- When disagreements occur, sending and receiving facilities must resolve these quickly, focusing on the interests of the person.
- When disagreements cannot be resolved by others, the attending physician from the sending facility and the attending physician from the receiving facility must have direct physician-to-physician communication.

# Resolution of Disagreements, Clarifications, etc.

- Once requested, due to time constraints of ECO and TDO process, this conversation should occur as soon as possible to get quick resolution of the disagreement.